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|  | <p>Department of Consumer Affairs Correspondence Unit 1625 North Market Blvd., Suite N 112, Sacramento CA 95834 1-(800) 952-5210</p> <p>GENERAL COMPLAINT FORM</p> <p>Please use a separate form for each complaint.</p> |  |
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| PERSON FILING COMPLAINT (COMPLAINANT) | BUSINESS OR PROFESSIONAL COMPLAINT IS ABOUT LICENSE/REG/NO: |
| Address (Number) (Street) | Address (Number) (Street) |
| (City) (State) (Zip) | (City) (State) (Zip) |
| Phone where you can be reached (8am - 5pm) | Business phone number |
| Email Address | Who did you deal with? |

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| WHAT TYPE OF PRODUCT OR ITEM OF CONCERN? | DATE OF REPAIR/ SERVICE/ PURCHASE |
| BRIEFLY DESCRIBE YOUR COMPLAINT (BE SPECIFIC -- WHO, WHAT, WHEN, WHERE, HOW) (USE ADDITIONAL PAPER IF NEEDED) | |
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| WHAT DO YOU WANT THE PERSON OR COMPANY TO DO TO SATISFY YOUR COMPLAINT? | |
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| HAVE YOU FILED THIS COMPLAINT WITH ANY OTHER ORGANIZATION OR GOVERNMENT AGENCY? IF YES, PLEASE PROVIDE THE FOLLOWING: Agency Name Contact Name Phone Number Case Number | YES NO |

Please attach copies of any documents, receipts, warranties, invoices, correspondence, pictures, etc that will help substantiate this complaint, sign below, and mail to the above address.

I hereby certify under penalty of perjury under the laws of the state of California that to the best of my knowledge all of the above statements are true and correct.

SIGNATURE _____

DATE _____